

REMARKS

This application is a continuation-in-part of a parent application, U.S. Patent Application No. 09/523,569, now abandoned. Independent Claim 7 has been currently amended. Claims 1-18 are now pending in this application.

In the Office Action dated June 17, 2004, the Examiner rejected Claims 7-10 and 12 under 35 U.S.C. § 101, as directed to non-statutory subject matter. The Examiner also rejected Claims 1-4, 6-10, 12-16 and 18 under 35 U.S.C. § 102(e) as being anticipated by U.S. Patent No. 6,383,135, issued to Chikovani et al. ("Chikovani"). The Examiner also rejected Claims 5, 11 and 17 under 35 U.S.C. § 103(a) as being unpatentable over Chikovani, as applied to independent Claims 1, 7 and 13, taken in combination with the knowledge and use of automated acknowledgements within the prior art, of which the examiner takes Official Notice.

Applicant respectfully submits that Claim 7 as currently amended, as well as Claims 8-10 and 12, depending from amended Claim 7, all recite statutory subject matter. Applicant further respectfully traverses the rejections of Claims 1-18 as set forth the Office Action. Specifically, the Applicants submit that Chikovani and knowledge in the art at the time of making the invention, either alone or in combination, fail to teach or suggest providing a display of healthcare information that "comprises medical history information for a patient including healthcare service order information, medical event information and medical encounter information," as recited in independent Claims 1, 7 and 13. Pursuant to 37 C.F.R. § 1.111, and for the reasons set forth below, the Applicants respectfully request the examiner to reconsider and withdraw the rejections, and to allow this application as soon as possible.

Before discussing in detail the reasons why Applicants believe that Claims 1-18 are allowable, brief descriptions of the present invention and the cited and applied references are presented. The following discussion of the disclosed embodiments of Applicants' invention and

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the discussion of the differences among the disclosed embodiments and the teachings in the applied references are not provided to define the scope or interpretation of any of the claims. Instead, such discussed differences are provided to help the Examiner to better appreciate important claim distinctions discussed thereafter.

#### Summary of the Invention

The present invention is directed toward a computer-readable medium and method for accessing healthcare information. According to one embodiment of the invention, accessing healthcare information for a patient is provided via an anatomic user interface. The anatomic user interface provides the user with an anatomic model of the patient from which the user may drill down to a particular anatomic structure of interest. Upon selection of the anatomic structure, the anatomic user interface displays to the user the healthcare information that is associated with the selected anatomic structure. The healthcare information may include medical history information for the patient comprising healthcare service order information, medical event information, and medical encounter information.

By providing access to healthcare information as described above, the present invention provides advantages not found in prior art systems. In particular, when an anatomic structure of the anatomic model of the patient is selected by the practitioner, only that healthcare information for the patient that is associated with the selected structure is provided and displayed to the practitioner. Accessing healthcare information for a patient using an anatomic model allows practitioners to eliminate irrelevant healthcare information and work with only a subset of relevant, more easily navigable information. Moreover, using aspects of the present invention, a practitioner can build upon preexisting medical history information for the patient to facilitate efficient and accurate diagnosis of and provision of healthcare services to the patient.

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### Summary of Chikovani

Chikovani discloses a medical self-screening system that patients can use to identify their symptoms using a computer. The patient selects the specific affected area of the body by drilling down through a series of pictorial images of the body that are displayed on the screen. The self-screening system uses the patient's selection of the affected area to display text boxes containing text of various symptoms associated with that area of the body, and prompts the patient to select the symptom or symptoms most closely matching the symptoms they are experiencing. The system displays and optionally prints out for the patient a course of action, e.g., tests that should be performed, and a referral to a healthcare provider. Nothing in Chikovani suggests that the medical self-screening system can be used by healthcare providers to access a medical history of a patient. Indeed, the self-screening system in Chikovani is designed for patient use, and only for symptom identification as might be helpful to facilitate triage of medical patients in an emergency room environment.

In summary, the Chikovani reference fails to teach or suggest using an anatomic model to provide a display of healthcare information that comprises medical history information for a patient, much less displaying healthcare service order information, medical event information and medical encounter information, as recited in independent Claims 1, 7 and 13.

### Rejection of Claims 7-10 and 12 under 35 U.S.C. § 101

As set forth in the Office Action, the Examiner rejected independent Claim 7 and dependent Claims 8-10 and 12 under 35 U.S.C. § 101 as being directed to non-statutory subject matter. The Examiner asserts that Claims 7-10 and 12 only recite abstract ideas that can be performed in the mind of the user or by the use of paper and hands. Claim 7, as amended, now recites:

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7. (Currently Amended) In a computer system, a method for accessing healthcare information for a patient, the method comprising:

displaying an anatomical model of the patient in a display device of a computer system;

using navigating the anatomic model to drill down to and select an anatomic structure of the patient with an input device connected to the computer system; and

displaying healthcare information associated with the selected anatomic structure on the display device, wherein the healthcare information comprises medical history information for a patient including healthcare service order information, medical event information and medical encounter information.

The Applicants submit that independent Claim 7, as amended, as well as dependent Claims 8-10, and 12 are directed to statutory subject matter. Accordingly, the Applicants respectfully request reconsideration and allowance of Claims 7-10 and 12 as currently presented.

Rejection of Claims 1-4, 6-10, 12-16 and 18 under 35 U.S.C. § 102(e) as anticipated by Chikovani

Claim 1 reads as follows:

1. A computer-readable medium having a computer-executable component for enabling a user to access healthcare information, the computer-executable component comprising:

an anatomic user interface for displaying an anatomic model from which the user selects an anatomic structure of interest, wherein, upon selection of the anatomic structure, the anatomic user interface displays the healthcare information, wherein the healthcare information comprises medical history information for a patient including healthcare service order information,

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**medical event information and medical encounter information (emphasis added.).**

In support of the rejection of Claim 1, the Examiner cites a passage in which the Chikovani system is described as using a database that stores "information regarding the patient including personal information, insurance information, health provider information, along with data relating to symptoms and evaluation that are used during patient screening and triage" (Chikovani Col. 4, Ln. 7-11). The Examiner is apparently equating the patient information in Chikovani with the **medical history information for a patient** as recited in Claim 1. The Applicants respectfully disagree.

The patient information that the Chikovani system uses is not historical, rather it appears to be nothing more than patient identifying information that the patient is prompted to fill in during use of the self-screening symptom identification system, e.g., his or her name, social security number, insurance carrier, and primary care provider, or the symptoms that the patient is currently experiencing as selected by the patient during use of the self-screening symptom identification system. The only other data that appears to be accessed or displayed by the system in Chikovani are "the one or more databases [that] store information relating to tests that may be performed and physicians or types of physicians that may be consulted" (Chikovani, Col. 5, Lns. 32-35). But this data does not appear to be related to a particular patient's medical history, but is rather related to the current symptom or symptoms that the patient happens to be experiencing as selected using the Chikovani self-screening symptom identification system. The only explicit reference to a patient's medical history is a reference to a medical history that may be forwarded to the physician, along with the results of the self-screening system, after the fact. "An electronic medical file that includes patient biographical information, **medical history**, and **results of the interactive triage of the patient**, for example, may be forwarded to the

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**physician that is to see the patient"** (Chikovani, Col. 6, Lns. 35-39, emphasis added). Thus, if anything, this passage in Chikovani appears to teach away from the present invention, as the medical history of the patient is clearly not one of the results of the interactive triage of the patient using the Chikovani self-screening symptom identification system.

In view of the foregoing, nothing in the Chikovani reference appears to disclose a display of healthcare information that "comprises medical history information for a patient including healthcare service order information, medical event information and medical encounter information," as recited in Claim 1. Accordingly, the Applicants respectfully request reconsideration and allowance of Claim 1.

Claim 2 reads as follows:

2. The computer-readable medium of Claim 1, **wherein the healthcare service order information comprises a treatment plan for a patient consisting of a predetermined sequence of healthcare service orders** (emphasis added).

In support of the rejection of Claim 2, the Examiner cites a passage in which the Chikovani system is described as "improv[ing] patient care by allowing early evaluation of patient medical problems and suggesting appropriate tests and physicians that may treat the problem in a timely manner. By using the medical self-screening system, diseases will be treated earlier and more effectively, thus saving money" (Chikovani, Col. 6, Lns. 44-50). The Examiner is apparently equating the suggestion of "appropriate tests and physicians that may treat the problem in a timely manner," with the **treatment plan for a patient consisting of a predetermined sequence of healthcare service orders** as recited in Claim 2. The Applicants respectfully disagree.

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Unlike the treatment plan recited in Claim 2, the "appropriate tests and physicians" described in Chikovani appear to be suggested without reference to any medical history information about the patient. As noted above with reference to Claim 1, "the one or more databases [that] store information relating to tests that may be performed and physicians or types of physicians that may be consulted," described in Chikovani do not appear to include information that is related to a particular patient's medical history, but is rather information that is related to the current symptom or symptoms that the patient happens to be experiencing as selected using the Chikovani self-screening symptom identification system (Chikovani, Col. 5, Lns. 32-35).

Moreover, the treatment plan recited in Claim 2 consists of "a predetermined sequence of healthcare service orders." And yet the Examiner has not cited, nor does Chikovani teach or suggest, any disclosure regarding the sequence of the "appropriate tests" or referrals to physicians.

In view of the foregoing, nothing in the Chikovani reference appears to disclose a display of healthcare service order information, "wherein the healthcare service order information comprises a treatment plan for a patient consisting of a predetermined sequence of healthcare service orders," as recited in Claim 2. Accordingly, the Applicants respectfully request reconsideration and allowance of Claim 2.

Claim 3 reads as follows:

3. The computer-readable medium of Claim 1, having a further computer-executable component comprising an order engine for submitting an order for at least one healthcare service to a service provider (emphasis added).

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In support of the rejection of Claim 3, the Examiner cites one passage in which the Chikovani system is described as determining an appropriate course of action for situations that require immediate care and those that do not, explaining "[s]ituations that require immediate care can be rapidly assessed and the patient can be directed appropriately to emergency medical services. All other situations have recommendations made [sic] as to what tests would be useful and what specialists or generalists should be seen by the patient" (Chikovani, Col. 5, Ln. 66 - Col. 6, Ln. 3). "The Examiner cites another passage further explaining "[i]n the event that tests are suggested, the tests may be immediately scheduled and a follow-up appointment with the appropriate physician scheduled to review the results of the tests." The Examiner is apparently equating directing patients to emergency medical services or scheduling tests and follow-up appointments with the **order engine for submitting an order for at least one healthcare service to a service provider**, as recited in Claim 3. The Applicants respectfully disagree.

In reviewing the cited passages, the Applicants note that in the sentence preceding one of the passages cited by the Examiner, the Chikovani system is described as "interfacing to the remote server ...to retrieve and display the location and telephone number of a test location, an authorization number authorizing the test, and physician's name, address and telephone number (or a list of suitable physicians)." The implication clearly is that the services to which the patients are directed, and/or the tests and appointments that are scheduled are performed not by the medical self-screening system described in Chikovani, but rather the old-fashioned way, by telephoning the service provider using the information displayed or printed out by the system. Thus, if anything, the Chikovani reference teaches away from the **order engine for submitting an order for at least one healthcare service to a service provider**, as recited in Claim 3.

In view of the foregoing, nothing in the Chikovani reference appears to disclose an **order engine for submitting an order for at least one healthcare service to a service provider**, as

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recited in Claim 3. Accordingly, the Applicants respectfully request reconsideration and allowance of Claim 3.

Claim 4 reads as follows:

**4. The computer-readable medium of Claim 3, wherein the order engine submits a plurality of orders comprising a treatment plan to a service provider** (emphasis added).

In support of the rejection of Claim 4, the Examiner relies on the same passage cited with reference to Claim 3. However, nothing in the cited passages disclose the order engine as discussed with reference to Claim 3, much less an order engine that **submits a plurality of orders comprising a treatment plan to a service provider**, as recited in Claim 4.

In view of the foregoing, nothing in the Chikovani reference appears to disclose an order engine, **wherein the order engine submits a plurality of orders comprising a treatment plan to a service provider**, as recited in Claim 4. Accordingly, the Applicants respectfully request reconsideration and allowance of Claim 4.

In support of the rejections of Claims 6-10, 12-16 and 18, which recite limitations similar to those recited in Claims 1-4, the Examiner relies on the same cited passages and arguments asserted with reference to Claims 1-4. In response, the Applicants respectfully request reconsideration and allowance of Claims 6-10, 12-16 and 18 for the same reasons discussed with reference to Claims 1-4.

**Rejection of Claims 5, 11 and 17 under 35 U.S.C. § 103(a) over Chikovani**

Claim 5 reads as follows:

**5. The computer-readable medium of Claim 3, wherein the order engine automatically notifies the user in real-time if the order is accepted by the service provider or if the authorization for the order is received from the payor.**

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Claims 11 and 17 each recite similar limitations.

With respect to Claims 5, 11 and 17, as set forth in the Office Action, the Examiner concedes that Chikovani does not expressly teach an order engine which automatically notifies the user in real-time if the order is accepted by the service provider or if the authorization of the order is received from the payor. However, the Examiner takes Official Notice of "automated acknowledgements within the prior art," and asserts that "[i]t would have been obvious to one of ordinary skill in the art at the time of the invention to have included a real-time notification feature within the Chikovani system with the motivation of providing the user a firm acknowledgement of order status, namely, as to whether their order had been accepted or authorized" (Office Action, p. 6, para. 7). The Applicants respectfully disagree.

The Examiner's reliance on Official Notice of "automated acknowledgements" is inadequate to make a *prima facie* case of obviousness. Moreover, the Examiner cites nothing in Chikovani that discloses notifying a user that **an order is accepted by the service provider or if the authorization for the order is received from the payor**, as recited in dependent Claims 5, 11 and 17, regardless of whether the notification is performed in real-time.

Because the Examiner has failed to state a *prima facie* case of obviousness, the rejections of Claims 5, 11 and 17 should be withdrawn. Claims 5, 11 and 17 are allowable because they depend from allowable independent Claims 1, 7 and 13, and because of their additional limitations, some of which have been discussed above. Consequently, reconsideration and allowance of Claims 5, 11 and 17 is respectfully requested.

### CONCLUSION

In view of the foregoing remarks, Applicant submits that all of the claims in the present application are clearly patentably distinguishable over the teachings of Chikovani taken alone or

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in combination with other teachings in the prior art. Independent Claims 1, 7 and 13 are clearly and patentably distinguishable over the cited and applied references. Claims 2-6, 8-12, and 14-18 are allowable because they depend from allowable independent Claims 1, 7 and 13, and because of their additional limitations, some of which have been discussed above. Accordingly, Applicants submit that this application is in condition for allowance. Reconsideration and reexamination of the application, allowance of the claims, and passing of the application to issue at an early date are solicited. If the Examiner has any remaining questions concerning this application, the Examiner is invited to contact the Applicant's undersigned attorney at the number below.

Respectfully submitted,

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